

Case Number:	CM14-0133212		
Date Assigned:	08/22/2014	Date of Injury:	03/25/2009
Decision Date:	06/30/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male who sustained an industrial injury on 03/25/2009. The injured worker was diagnosed with failed thoracic and lumbar back syndrome, lumbosacral radiculopathy, and causalgia of the lower limb, depression and insomnia. The injured worker has a medical history of systemic lupus, obsessive-compulsive disorder and hypertension. Treatment to date includes diagnostic testing, surgery, spinal cord stimulator (SCS) implant, psychiatric pharmacological management, psychological testing, therapy sessions, physical therapy, and pain management. The injured worker is status post lumbar laminectomy, thoracic laminectomy and spinal cord stimulator (SCS) (no dates documented). According to the primary treating physician's progress report on July 9, 2014, the injured worker continues to experience pain in the lumbar spine, which radiates to the left upper arm associated with numbness. The injured worker rates his average pain level at 6/10 with medications, 9-10/10 without medications and currently 7/10. The injured worker has frequent break through pain. The injured worker ambulates with a cane. Current medications are listed as Butrans 15 mcg, Nucynta, Lyrica, Amitiza, Nuvigil, Seroquel, Depakote and Kenalog cream. Treatment plan consists of the current request for Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nuvigil 150mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web) 2014, Pain, Nuvigil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Armodafinil (Nuvigil).

Decision rationale: The claimant sustained a work injury in March 2009 and is being treated for failed back surgery syndrome. When seen, he was having low back pain and symptoms radiating into the left upper extremity with numbness. He was noted to ambulate with a cane. Medications include Butrans and Nucynta. The claimant's BMI is over 31. Armodafinil (Nuvigil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is not recommended solely to counteract the sedating effects of opioid medications. Additionally, the claimant may have obstructive sleep apnea causing symptoms, which could be separately addressed. The request is not medically necessary.